

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7937

State File No. \_\_\_\_\_

Registrar's No. 36

Registration District No. 75-7

Primary Registration District No. 3036

## 1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1309 N. Fourth Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Maria Stewart 31

3. (b) If veteran, name war \_\_\_\_\_ ☒ 3. (c) Social Security No. \_\_\_\_\_ ☒

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Barton Stewart 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 15 1851  
(Month) (Day) (Year)

8. AGE: Years 84 ☒ Months 10 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Barton Henderson13. Birthplace Richmond, Virginia  
(City, town, or county) (State or foreign country)14. Maiden name Margaret Jones15. Birthplace Richmond, Virginia  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Robert Stewart(b) Address St. Charles, Mo.17. (a) Burial (b) Date thereof Feb. 18-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cem. St. Charles18. (a) Signature of funeral director H. C. Dallenmyer & Son, Inc.(b) Address 800 N. Second, St. Charles, Mo.19. (a) 2-18-40 (b) Clarence D. Marshall  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1309 N. Fourth St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1940 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from January 29, 1940, to Feb. 13, 1940  
that I last saw her alive on Feb. 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions generalized arteriosclerosis  
(include pregnancy within 3 months of death) myocardial disease

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature George E. Foster (M. D. or other) M.D.Address St. Charles, Mo. Date signed 2/16/40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Joseph Handolt, Registered Apprentice No. 243  
working under my personal supervision.

Signed John E. Dellmeyer  
Licensed Embalmer No. 2951

P. O. Address St Charles Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **7937**DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSRegistration District No. **757**Primary Registration District No. **3034**

Registrar's No. ....

## 1. PLACE OF DEATH:

- (a) County **St Charles**  
 (b) City or town **St Charles**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether  
 In this community years, months or days)

## 3. (a) PRINT FULL NAME

**Maria Stewart**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **7** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **wid**  
 6. (b) Name of husband or wife. 6. (c) Age of husband or wife, if alive **15-1855** years  
 7. Birth date of deceased **mar 15-1855**  
 (Month) (Day) (Year)

8. AGE: Years **84** Months **10** Days **28** If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.

- (b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation.

18. (a) Signature of funeral director.

- (b) Address.

19. (a) **APRIL 17-1940** (b) **Glenn B. Kessler**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.  
 (c) City or town. (If outside city or town limits write "RURAL")  
 (d) Street No. (If rural, give location)  
 (e) If foreign born, how long in U. S. A. years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH Month **2** day **13** year **1940** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that last saw him alive on 19; and that death occurred on the date and hour stated above. immediate cause of death.

- Due to.

- Due to.

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations.

- Of autopsy.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).  
 (b) Date of occurrence.  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work (Specify type of place) (e) Means of injury.

23. Signature **Geo E. Kessler** (b) or other) Address **St Charles** (c) Means of injury.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

